



STATE OF MAINE  
NEW VENDOR/VENDOR UPDATE FORM

☐ NEW VENDOR  
☐ CHANGE REQUEST  
☐ MULTI ADDRESS

PLEASE PRINT OR TYPE

**NAME/ADDRESS**

(NEW ADDRESS IF CHANGED)

(OLD ADDRESS IF CHANGED)

NAME: \_\_\_\_\_

\_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CITY, STATE, AND ZIP CODE:

\_\_\_\_\_

\_\_\_\_\_

**TAX I.D. NUMBER:**

INDIVIDUAL OR SOLE PROPRIETOR

CONTACT NAME: \_\_\_\_\_

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Social Security Number

CONTACT PHONE NUMBER: \_\_\_\_\_

OR CORPORATION

ACCOUNTS RECEIVABLE CONTACT:

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Employer Identification Number

\_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

**VENDOR DESCRIPTION: ENTER Y (YES) FOR ALL THAT APPLY**

DEALER _____	INDIVIDUAL _____	SMALL _____
MANUFACTURER _____	SOLE PROPRIETOR _____	IN-STATE _____
JOBBER _____	PARTNERSHIP _____	SERVICES (NON-MED) _____
RETAILER _____	INCORPORATED _____	MEDICAL SERVICES _____
FACTORY REP. _____	COMMODITY _____	GOVERNMENT ENTITY _____
	MINORITY _____	NON-PROFIT CORP. _____

SUBMITTED BY: \_\_\_\_\_

DATE: \_\_\_\_\_

(AUTHORIZED VENDOR'S SIGNATURE)

TITLE: \_\_\_\_\_

STATE AGENCY CONTACT: \_\_\_\_\_

PHONE: \_\_\_\_\_